

Super Saver Cinema
October 13, 1999
Page Two

In addition to our records request stated above please indicate the name of your agency's custodian of records, as it may be necessary to have the authenticity of the documents verified. Please forward this information to Ohio Public Defender, Attn: Jessica H. Love on or before October 27, 1999.

An authorization for release of all such records is enclosed for your files.

Sincerely,

Jessica H. Love
Mitigation Specialist

JL/cw

Enclosure

#99390v1

009133

**SUPER SAVER CINEMA 8****FOREST FAIR MALL**

601 Forest Fair Drive

Cincinnati, Ohio 45240

Office (513) 671-9706

Fax (513) 671-8516

10/16/99

Mr. Loe,

Here is the material I found in the file of Lee Moore in the file storage room of the Theatre. I do not, however, consider myself the 'Custodian' of records for the company.

Sincerely

Daniel Stepien
General Manager

1992

Case 1:00-cv-00023-SJD-MRM Document 120-88

Filed 08/08/2005 Page 3 of 18

Form W-4

Department of the Treasury
Internal Revenue Service

Purpose. Complete Form W-4 so that your employer can withhold the correct amount of Federal income tax from your pay.

Exemption From Withholding. Read line 7 of the certificate below to see if you can claim exempt status. If exempt, complete line 7, but do not complete lines 5 and 6. No Federal income tax will be withheld from your pay. Your exemption is good for one year only. It expires February 15, 1993.

Basic Instructions. Employees who are not exempt should complete the Personal Allowances Worksheet. Additional worksheets are provided on page 2 for employees to adjust their withholding allowances based on itemized deductions, adjustments to income, or two-earner/two-job.

the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances than this.

Head of Household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Nonwage Income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form 1040-ES. Otherwise, you may find that you owe additional tax at the end of the year.

Two-Earner/Two-Jobs. If you have a working

W-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the W-4 filed for the highest paying job and zero allowances are claimed for the others.

Advance Earned Income Credit. If you are eligible for this credit, you can receive it added to your paycheck throughout the year. For details, get Form W-5 from your employer.

Check Your Withholding. After your W-4 takes effect, you can use Pub. 919, Is My Withholding Correct for 1992?, to see how the dollar amount you are having withheld compares to your estimated total annual tax. Call 1-800-829-3676 to order this publication.

STATE OF OHIO
DEPARTMENT OF TAXATION

Form IT-4
(11-90)

EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Name Lee E. Moore Social Security No. [REDACTED]
Address 1280 Meredith Dr.
Public School District of Residence Mt. Healthy School District No. 3111
1. Personal exemption for yourself, enter "1" if claimed 0
2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) 0
3. Exemptions for dependents 0
4. Add the exemptions which you have claimed above and enter total 0
5. Additional withholding per pay period under agreement with employer 0 \$
Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.
Signature Lee E. Moore Date 8-13-92

Cut here and give the certificate to your employer. Keep the top portion for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0010 1992
1 Type or print your first name and middle initial <u>Lee E</u>		Last name <u>MOORE</u>		2 Your social security number <u>[REDACTED]</u>
Home address (number and street or rural route) <u>1280 Meredith Dr.</u>		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.		
City or town, state, and ZIP code <u>Cinti OH 45231</u>		4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for more information <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line G above or from the Worksheets on back if they apply)		5 <u>0</u>		
6 Additional amount, if any, you want deducted from each paycheck		6 \$		
7 I claim exemption from withholding and I certify that I meet ALL of the following conditions for exemption: • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability; AND • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability; AND • This year if my income exceeds \$600 and includes nonwage income, another person cannot claim me as a dependent. If you meet all of the above conditions, enter the year effective and "EXEMPT" here <u>7</u> 19 <u>92</u>				
8 Are you a full-time student? (Note: Full-time students are not automatically exempt.)				
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.				
Employee's signature <u>Lee E. Moore</u>		Date <u>8-13-92</u>		19 <u>92</u>
9 Employer's name and address (Employer: Complete 9 and 11 only if sending to the IRS) <u>Super Saver Cinema</u> <u>100 North Franklin St. Elwood</u>		10 Office code (optional)		11 Employer identification number 009135



SUPER SAVER CINEMA 8

FOREST FAIR MALL

REPORT OF DISCIPLINARY ACTION

DATE: 9-12-92

EMPLOYEE NAME: Lee Moore

SSN: [REDACTED]

Forest Fair

THEATRE

Forest Park

(CITY)

Ok.
(STATE)

YOU ARE HEREBY REPRIMANDED FOR THE FOLLOWING REASON(S):

- | | |
|--|---|
| <input type="checkbox"/> Attitude (Explain Fully) | <input type="checkbox"/> Improper Use of Time Clock |
| <input type="checkbox"/> Smoking in Unauthorized Area | <input checked="" type="checkbox"/> Unreported Absence |
| <input type="checkbox"/> Leaving Work Station Unattended | <input type="checkbox"/> Violation of Company Policy (Explain Fully) |
| <input type="checkbox"/> Unsatisfactory Work Performance (Explain Fully) | <input type="checkbox"/> Refusal to Follow Instructions (Explain Fully) |
| <input type="checkbox"/> Failure to Wear Proper Attire | <input type="checkbox"/> Refusal to Accept Schedule Change |
| <input type="checkbox"/> Misconduct (Explain Fully) | <input type="checkbox"/> Unauthorized Use of Telephone |
| <input type="checkbox"/> Exceeding Break Time | <input type="checkbox"/> Tardiness |
| <input type="checkbox"/> Eating or Drinking while in view of customers. | <input type="checkbox"/> Other (Explain Fully) |

DETAILED EXPLANATION: Lee failed to attend a scheduled employee meeting. Gave no notice of absence.

(IF MORE SPACE IS NECESSARY, CONTINUE ON THE BACK)

EMPLOYEE STATEMENT

- ☐ I agree with the above statement.
- ☐ I disagree with the above statement (Explain) _____

EMPLOYEE'S SIGNATURE Lee Moore

DATE 9-12-92

Has there been any prior warning or disciplinary action? ☐ Yes ☒ No

If yes, Explain: _____

Summary of Warning Statement given to employee or Disciplinary action taken: _____

Witness: [Signature]

Manager's Signature [Signature]

009136

SUPER SAVER CINEMA
SEPARATION NOTICE

10/1, 1992 WE CEASED TO EMPLOY
(LAST DAY WORKED)

EMPLOYEE'S NAME Lee Moore 2. SOCIAL SECURITY NO. [REDACTED]

State any other name(s) under which employee worked.

EMPLOYED SINCE August 13, 1992 AS Covered

REASON FOR SEPARATION (Check Reason and Provide Detailed Explanation if Required).

☐ a. Lack of Work ☐ b. Voluntarily Quit ☒ c. Discharged
(Explain below) (Explain below)

Other than lack of work, state fully and clearly the circumstances of and reasons for the separation:

Lee failed to show up at an employee meeting
held for 9-12-92, for which he was reprimanded
in writing. On the afternoon of 11-6-92 Lee called
sick w/ only a 2 hour notice. He was supposed to
have at 5:15 P.M. and called at 5:30 P.M. The shift
(IF MORE SPACE IS NECESSARY, CONTINUE ON THE BACK)

HAS EMPLOYEE PREVIOUSLY WARNED OR COUNSELED? ☒ YES ☐ NO ☐ N/A

EMPLOYEE RECEIVED: ☐ WAGES IN LIEU OF NOTICE ☐ SEPARATION PAY ☐ VACATION PAY

IN THE AMOUNT OF \$ for period from to

THE NAME: Super Saver Forest Fair

ADDRESS: 601 Forest Fair Drive TELEPHONE (S.A.): 671-9706

: Forest Park STATE: Ohio ZIP: 45240

CERTIFY THAT THE ABOVE WORKER HAS BEEN SEPARATED FROM WORK AND THE INFORMATION
FURNISHED THEREON IS TRUE AND CORRECT. THIS REPORT HAS BEEN HANDLED TO OR MAILED
TO THE WORKER.

Completed and Released to Employee:

11-6-92

BY:

[Signature]
SIGNATURE OF OFFICIAL OR SUPERVISOR OF SUPER SAVER CINEMAS WHO HAS
FIRSTHAND KNOWLEDGE OF THE SEPARATION

[Signature]
TITLE OF PERSON SIGNING

NOTICE TO EMPLOYEE

MUST TAKE THIS NOTICE TO THE EMPLOYMENT SECURITY CLAIMS CENTER IF YOU FILE A CLAIM
FOR UNEMPLOYMENT INSURANCE BENEFITS.

1. EMPLOYEE COPY IN THEATRE FILE ORIGINAL TO HOME OFFICE

009137

SUPER SAVER CINEMA
SEPARATION NOTICE

ON 1-1, 1993 WE CEASED TO EMPLOY
(1: MAY WORKED)

1. EMPLOYEE'S NAME LEE MOORE 2. SOCIAL SECURITY NO. [REDACTED]

a. State any other name(s) under which employee worked. _____

3. EMPLOYED SINCE 8-13-92 AS OWNER

4. REASON FOR SEPARATION (Check Reason and Provide Detailed Explanation if Required)

 a. Lack of Work

 X b. Voluntarily Quit
(Explain below)

 c. Discharged
(Explain below)

If other than lack of work, state fully and clearly the circumstances of and reasons for the separation:

RETIRED - NOT ELIGIBLE

(IF MORE SPACE IS NECESSARY, CONTINUE ON THE BACK)

5. WAS EMPLOYEE PREVIOUSLY WARNED OR COUNSELED? YES NO X N/A

6. EMPLOYEE RECEIVED: WAGES IN LIEU OF NOTICE SEPARATION PAY VACATION PAY

IN THE AMOUNT OF \$ for period from to

THEATRE NAME: FOREST FAIR SUPER SAVER

ADDRESS: 601 FOREST FAIR DR PO BOX 24 TELEPHONE (513) 671-9706

CITY: FOREST PARK STATE: OHIO ZIP: 45240

I CERTIFY THAT THE ABOVE WORKER HAS BEEN SEPARATED FROM WORK AND THE INFORMATION FURNISHED THEREON IS TRUE AND CORRECT. THIS REPORT HAS BEEN HANDED TO OR MAILED TO THE WORKER.

Date Completed and Released to Employee:

1-17-93

BY: [Signature]
SIGNATURE OF OFFICIAL OR EMPLOYEE OF SUPER SAVER CINEMA WHO HAS FIRSTHAND KNOWLEDGE OF THE SEPARATION.

MANAGER
TITLE OF PERSON SIGNING

NOTICE TO EMPLOYEE

YOU MUST TAKE THIS NOTICE TO THE EMPLOYMENT SECURITY CLAIMS CENTER IF YOU FILE A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS.

COPY TO EMPLOYEE COPY IN THEATRE FILE ORIGINAL TO HOME OFFICE

009138



Office of the Ohio Public Defender
8 East Long Street
Columbus, Ohio 43215-2998
(614) 466-5394
FAX NUMBER: (614) 752-5167

DAVID H. BODIKER
State Public Defender

FAX HEADER

CAUTION - CONFIDENTIAL

THIS DOCUMENT IS BEING TELECOPIED TO YOU AND MAY CONTAIN INFORMATION PROTECTED BY ATTORNEY-CLIENT OR WORK PRODUCT PRIVILEGES.

This document which follows is only intended for the person to whom it is addressed. If you are not the intended recipient or authorized agent, then this is notice to you that dissemination, distribution or copying of this document is prohibited. If this document is received in error, please call the sender at once and destroy the document.

DATE: Nov 24, 1999

TO: Dr. David Chiappone (Fax: 513-352-1345)

FROM: Jessica H. Love

TOTAL NUMBER OF PAGES BEING FAXED (INCLUDING HEADER): 4

CONFIRM FAX RECEIVED TO: _____

RE: _____



Office of the Ohio Public Defender

8 East Long Street
Columbus, Ohio 43215-2998
(614) 466-5394
FAX NUMBER: (614) 644-9972

DAVID H. BODIKER
State Public Defender

November 24, 1999

Central Psychiatric
Community Diagnostic & Treatment
909 Sycamore
3rd & 4th Floors
Cincinnati, Ohio 45202

Attention: David Chiappone, Ph.D.

Re: State of Ohio v. Lee E. Moore

Dear Sir:

Please be advised that the Ohio Public Defender is representing **Lee E. Moore** in the above referenced matter. The information requested herein is necessary for a detailed social history to be completed on his behalf.

In our efforts to properly represent **Mr. Moore** we are requesting that you provide us with any and all **psychiatric records** regarding **Mr. Moore**. These records should include, but are not limited to:

Psychiatric

- date(s) of evaluation;
- tests administered;
- interview reports;
- case notes;
- collateral information used, i.e., medical reports, school records, interviews with friends and/or family, etc.;
- diagnosis;
- prognosis;
- recommendation for treatment and/or placement.

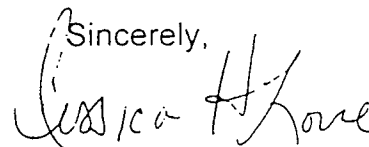
009140

Central Psychiatric Community Diagnostic & Treatment
November 24, 1999
Page Two

To assist you in locating these records, Mr. Moore's birthdate is 10/19/74 and his social security number is [REDACTED]. His parents are Lee and Georgia Moore.

In addition to our records request stated above please indicate the name of your agency's custodian of records, as it may be necessary to have the authenticity of the documents verified. Please forward this information to Ohio Public Defender, Attn: Jessica H. Love on or before December 3, 1999.

An authorization for release of all such records is enclosed for your files.

Sincerely,


Jessica H. Love
Mitigation Specialist

JL/cw

Enclosure

#102094v1

009141



Office of the Ohio Public Defender
8 East Long Street
Columbus, Ohio 43215-2998
(614) 466-5394
FAX NUMBER: (614) 723-3670

AUTHORIZATION TO RELEASE INFORMATION

TO: Central Psychiatric RE: State of Ohio v. Lee E. Moore
Community Diagnostic & Treatment
909 Sycamore DATE: 11/24/99

3rd & 4th Floors
Cincinnati, OH 45202

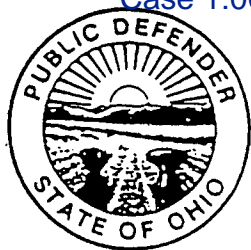
You are hereby authorized to release to the Office of the Ohio Public Defender all records or other documents currently in your possession. Their representative may examine and make copies of all of my medical, psychological, hospital, police, and employment records, or any other records he/she may deem necessary in his/her work on my behalf. You are authorized to discuss these records and any other matters concerning me with said representative and are asked to assist him/her on the current investigation.

This authorization includes release of information concerning background, testing, and treatment of drug and alcohol abuse, drug-related conditions, alcoholism, psychiatric/psychological conditions, Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), and/or tests for antibodies to the AIDS virus (HIV).

WITNESS:

[Signature]

[Signature]
Client's Signature



Office of the Ohio Public Defender
8 East Long Street
Columbus, Ohio 43215-2998
(614) 466-5394
FAX NUMBER: (614) 644-9972

DAVID H. BODIKER
State Public Defender

Date Rec'd 10-30-99

1st Follow-up _____

2nd Follow-up _____

November 17, 1999

Tryed Stone Baptist Church
5550 Reading Road – Bond Hill
Cincinnati, Ohio 45237

Re: State of Ohio v. Lee E. Moore

Dear Sir/Madam:

Please be advised that the Ohio Public Defender is representing **Lee E. Moore** in the above referenced matter. The information requested herein is necessary for a detailed social history to be completed on his behalf.

In our efforts to properly represent **Mr. Moore** we are requesting that you provide us with any and all church records regarding **Mr. Moore**. These records should include, but are not limited to:

Church

- church membership dates;
- baptismal records;
- congregational/stake records;
- tithing records;
- offices held;
- organizations he was involved in;
- other special circumstances regarding our client.

To assist you in locating these records, **Mr. Moore's** birthdate is 10/19/74 and his social security number is [REDACTED]. His parents are Lee and Georgia Moore.

009143

Tryed Stone Baptist Church
November 17, 1999
Page Two

In addition to our records request stated above please indicate the name of your agency's custodian of records, as it may be necessary to have the authenticity of the documents verified. Please forward this information to Ohio Public Defender, Attn: Jessica H. Love on or before November 27, 1999.

An authorization for release of all such records is enclosed for your files.

Sincerely,

Jessica H. Love
Mitigation Specialist

JL/cw

Enclosure

#101630v1

009144



Office of the Ohio Public Defender
8 East Long Street
Columbus, Ohio 43215-2998
(614) 466-5394
FAX NUMBER: (614) 728-3670

AUTHORIZATION TO RELEASE INFORMATION

TO: Tryed Stone Baptist Church
5550 Reading Road - Bond Hill
Cincinnati, OH 45237

RE: State of Ohio v. Lee E. Moore

11/17/99
DATE: _____

You are hereby authorized to release to the Office of the Ohio Public Defender all records or other documents currently in your possession. Their representative may examine and make copies of all of my medical, psychological, hospital, police, and employment records, or any other records he/she may deem necessary in his/her work on my behalf. You are authorized to discuss these records and any other matters concerning me with said representative and are asked to assist him/her on the current investigation.

This authorization includes release of information concerning background, testing, and treatment of drug and alcohol abuse, drug-related conditions, alcoholism, psychiatric/psychological conditions, Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), and/or tests for antibodies to the AIDS virus (HIV).

Lee E. Moore
Client's Signature

WITNESS:

Jessica H. Jones

009145



Tryed Stone Missionary Baptist Church

5550 Reading Road *** Cincinnati, Ohio 45237

Anderson Culbreath, Sr. Pastor, DD

Church Office (513) 631-9164

Pastor Office (513) 631-9032

December 17, 1999


Dear Jessica H. Love,

Lee Moore, Jr. comes from a religious family who have been members of this church for many years.

Lee Moore, Jr. was baptized March 6, 1983, he attended our Bible Study Classes with regularity, and song in our youth choir. He was a model member highly regarded by his peers.

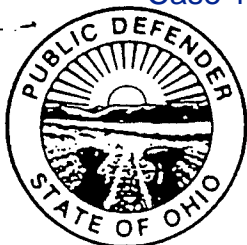
Apart from his church membership I have personally known him all of his life. He was always well mannered, and well groomed. He was an individual of promise and purpose, an exceptionally fine young man.

Sincerely,


Anderson Culbreath,
Pastor

AC:wj

009146



Office of the Ohio Public Defender

8 East Long Street
Columbus, Ohio 43215-2998
(614) 466-5394
FAX NUMBER: (614) 644-9972

DAVID H. BODIKER
State Public Defender

November 24, 1999

Orthopedic Diagnostic & Treatment Center
10475 Reading Rd Evndl
Cincinnati, Ohio 45241

Attention: Records

Re: State of Ohio v. Lee E. Moore

Dear Sir/Madam:

Please be advised that the Ohio Public Defender is representing **Lee E. Moore** in the above referenced matter. The information requested herein is necessary for a detailed social history to be completed on his behalf.

In our efforts to properly represent **Mr. Moore** we are requesting that you provide us with any and all **medical records** regarding **Mr. Moore**. These records should include, but are not limited to:

MEDICAL

- admission and release dates;
- presenting problems, diagnoses, treatment plans
- and attending physicians' names'
- referrals, if applicable;
- prescriptions;
- testing and test outcomes including: X-rays,
- psychological evaluations, urine
- tests, blood tests, CAT scans, etc.

To assist you in locating these records, **Mr. Moore's** birthdate is 10/19/74 and his social security number is [REDACTED]. His parents are Lee and Georgia Moore.

009147

Lee Moore

SS#: [REDACTED]

Place of Service: Oak

Follow-up:

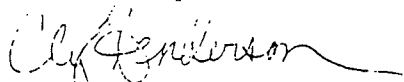
Office Visit: 2/26/98

DIAGNOSIS: Left shoulder impingement.

The patient returns and is doing much better. The Naprosyn gave him a rash, so he stopped taking it. The Daypro does not bother him though. The rash is not itching and it is clearing up.

Examination shows minimal impingement with a mildly positive drop arm, but he says he can tolerate this level of discomfort.

I left him on the Daypro, 600 mg. tablets, 2 q.d. p.c., dispense 60 with two refills. I will see him p.r.n.



Clyde E. Henderson, M.D.

Fellow American Academy of Orthopaedic Surgeons

CEH/md

(Dictated but not read to prevent delay)

009148



Orthopaedic Diagnostic and Treatment Center
Clifton Sports Medicine

Errol J. Stern, M.D.
Clyde E. Henderson, M.D.
Thomas E. Shockley Jr., M.D.
Jeffery L. Stambough, M.D.
BOARD CERTIFIED

January 22, 1998

Kent Robinson, M.D.
1621 Dexter Ave.
Cincinnati, OH 45206

RE Lee Moore

Dear Dr. Robinson:

Today I had the opportunity to evaluate Mr. Lee Moore. My assessment of this visit is as follows.

The patient has a diagnosis of left shoulder impingement syndrome and degenerative joint disease of the left AC joint. My recommendations are subacromial injection, Depo Medrol and Carbocaine and Naprosyn, 500 mg. tablets one twice a day after meals, dispense 60, one refill. I will see him again in five weeks. Impingement exercises were also provided.

The patient presents with a three months history of pain in both shoulders, left is the one of major concern. It bothers him at night. He has trouble sleeping at night because of the achiness in his left shoulder. He complains that he has some numbness and tingling of both hands. He had some previous carpal tunnel surgery but never got rid of the numbness that he was experiencing. The left shoulder examination shows positive drop arm and negative Yergason. There is tenderness over the anterior aspect of the left shoulder with some mild soft tissue swelling and minimal prominence of the AC joint on the left. There is diminished range of motion as abduction was to 120° versus 135° forward flexion. Internal external rotation is symmetrically normal. Drop arm test is mildly positive as the patient demonstrates a lot of quivering as we were trying to get him to resist on a drop arm test. Impingement test was markedly positive and x-rays of the left shoulder showed normal acromial humeral distance but the AC joint is narrowed and spurred inferiorly. He has a c-shaped acromion type C. There are no soft tissue calcifications noted.

Thank you for the opportunity to provide orthopaedic care to your patient. If you have any further questions, please do not hesitate to contact my office.

Sincerely,

Clyde E. Henderson, M.D.
Fellow American Academy of Orthopaedic Surgeons

CEH:cw

(Dictated but not read to prevent delay.)

PATIENT OFFICE NOTES

MOORE, LEE SR. 49493

02/22/96 SEEN BY HENDERSON AT OAK: HIPS ARE DOING REASONABLY WELL WITH THE RELAFEN. HE IS HAVING NO SIDE EFFECTS OF THE RELAFEN. HE BASICALLY WANTS TO TAKE IT ON PRN BASIS AND I CONCUR WITH THIS. THERE IS PAIN ON ABDUCTION IN BOTH GROINS. HE HAS 0 INTERNAL ROTATION ON THE RIGHT AND 10 DEG ON THE LEFT. HE SEEMS TO BE TOLERATING HIS MEDICATION REASONABLY WELL WITHOUT SIDE EFFECTS. RMNDDED CONT RELAFEN 750MG TABS #60 2 QD PC WITH 3 REFILLS. I WILL SEE HIM IN 4-5 MOS. HE CAN TAKE THE RELAFEN ON PRN BASIS. IF HE IS TAKING IT CONTINUOUSLY WILL NEED TO WORK HIM UP FOR SIDE EFFECTS ON RTN VISIT. TM

7-11-96 O/C

009150